

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

PREAMBLE

1. Sections Affected

R9-25-801
R9-25-802
R9-25-804
R9-25-805
Exhibit 1
Exhibit 2
Exhibit 3
R9-25-806
R9-25-807
R9-25-808

Rulemaking Action

Amend
Amend
Amend
Amend
Amend
Amend
Repeal
Amend
Amend
New Section

2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

Authorizing statutes: A.R.S. §§ 36-136(F), 36-2202(A), 36-2205(C), and 36-2209(A)

Implementing statute: A.R.S. § 36-2205(A)

3. The effective date of the rules:

January 3, 2004

4. A list of all previous notices appearing in the Register addressing the exempt rules:

None

5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:

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or

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Notices of Exempt Rulemaking

6. An explanation of the rules, including the agency's reason for initiating the rules, including the statutory citation to the exemption from the regular rulemaking procedures:

Rules in Article 8 are being amended or added to make the rules consistent with rule amendments in 9 A.A.C. 25, Articles 1 through 6, approved by the Governor's Regulatory Review Council on November 4, 2003 and effective January 3, 2004. Specifically:

- R9-25-804, R9-25-806, and R9-25-807 are technically amended to make terminology consistent with terminology found elsewhere in 9 A.A.C. 25.
- R9-25-801 is amended to add an incorporation by reference deleted from 9 A.A.C. 25, Chapter 6, to update references to other rules, and to make terminology consistent with terminology found elsewhere in 9 A.A.C. 25.
- R9-25-802 is amended to delete incorporations by reference added elsewhere in 9 A.A.C. 25 and to make terminology consistent with terminology found elsewhere in 9 A.A.C. 25.
- R9-25-805 is amended to conform the rule requirements to current and accepted practice in the EMS community and to make terminology consistent with terminology found elsewhere in 9 A.A.C. 25.
- R9-25-808 is added to continue an EMT-B's extended scope of practice, which was previously in R9-25-509 and was deleted from 9 A.A.C. 25, Chapter 5.

A.R.S. § 36-2205(C) exempts this protocol from the provisions of A.R.S. Title 41, Chapter 6.

7. A reference to any study relevant to the rules that the agency reviewed and either relied on in its evaluation of or justification for the rules or did not rely on in its evaluation of or justification for the rules, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

The agency did not review any study.

8. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. The summary of the economic, small business, and consumer impact:

A.R.S. § 36-2205(C) provides exemption from the provisions of A.R.S. Title 41, Chapter 6.

10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):

Not applicable

11. A summary of the comments made regarding the rules and the agency response to them:

Not applicable

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

None

14. Were the rules previously made as emergency rules?

No

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES**

ARTICLE 8. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

Section

- R9-25-801. Protocol for Administration of a Vaccine, an Immunizing Agent, or a Tuberculin Skin Test by an ~~Intermediate Emergency Medical Technician or a Paramedic~~ EMT-I or an EMT-P
- R9-25-802. ~~Emergency Medical Technician's~~ EMT's Scope of Practice
- R9-25-804. Protocol for Selection of a Health Care Institution for Emergency Medical Patient Transport
- R9-25-805. Protocol for IV Access by ~~EMT-Basics~~ an EMT-B
- Exhibit 1. Lecture/Lab Vascular Access for EMT-Basics
- Exhibit 2. Course Outline

Notices of Exempt Rulemaking

- Exhibit 3. ~~IV-QA Form~~ Repealed
R9-25-806. Testing of Medical Treatments, Procedures, Medications, and Techniques That May Be Administered or Performed By an ~~Emergency Medical Technician~~ EMT
R9-25-807. Protocol for a ~~Paramedic~~ an EMT-P to Practice Knowledge and Skills in a Hazardous Materials Incident
R9-25-808. Protocol for an ~~EMT-B~~ to Perform Endotracheal Intubation

ARTICLE 8. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

R9-25-801. Protocol for Administration of a Vaccine, an Immunizing Agent, or a Tuberculin Skin Test by an ~~Intermediate Emergency Medical Technician~~ or a ~~Paramedic~~ EMT-I or an EMT-P

- A. In this rule “immunization clinic” means an event organized for the purpose of administering a vaccine, an immunizing agent, or a tuberculin skin test.
- B. After meeting the training requirements in subsection (C), an ~~intermediate emergency medical technician~~ EMT-I or a ~~paramedic~~ an EMT-P certified under 9 A.A.C. 25, Article 6 is authorized to administer:
1. A vaccine or an immunizing agent recommended by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Immunization Program; or
 2. A tuberculin skin test.
- C. An EMT-I or an EMT-P shall complete immunization training that:
1. Meets all requirements established in the ALS Prehospital Provider Immunization Training Curriculum, dated January 1, 2004, incorporated by reference and on file with the Department, including no future editions or amendments; and available from the Department’s Bureau of Emergency Medical Services; and
 2. Is approved by the EMT-I’s or EMT-P’s administrative medical director.
- ~~C-D.~~ An intermediate emergency medical technician EMT-I or a paramedic an EMT-P certified under 9 A.A.C. 25, Article 6 may administer a vaccine, an immunizing agent, or a tuberculin skin test:
- ~~1. After complying with the requirements in R9-25-609;~~
 - ~~2-1.~~ For an agency sponsoring an immunization clinic;
 - ~~3-2.~~ During a scheduled immunization clinic; and
 - ~~4-3.~~ Under the ~~medical~~ direction of a ~~medical director~~ physician under contract with the agency sponsoring the immunization clinic, as required in subsection ~~(E)~~ (F).
- ~~D-E.~~ An intermediate emergency medical technician EMT-I or a paramedic an EMT-P who administers a vaccine or immunizing agent authorized in subsection (B) shall:
1. Provide immunization information and written immunization records consistent with and as required in ~~R9-6-702 Title 9, Chapter 6, Article 7;~~
 2. Receive signed, written consent consistent with and as required in ~~R9-6-702 Title 9, Chapter 6, Article 7;~~ and
 3. Provide documentary proof of immunity consistent with and as required in ~~R9-6-703 Title 9, Chapter 6, Article 7.~~
- ~~E-F.~~ The agency sponsoring an immunization clinic shall have a written contract with a medical director who:
1. ~~Meets the requirements in R9-25-609 (1)(a)~~ Is qualified under R9-25-204 or R9-25-205; and
 2. Is accessible by telephone, beeper, two-way radio, or in person at the time when the vaccine or immunizing agent is administered.

R9-25-802. ~~Emergency Medical Technician’s~~ EMT’s Scope of Practice

An ~~emergency medical technician~~ EMT shall perform a medical treatment, procedure, or technique and administer a medication only:

1. Under ~~administrative medical direction or~~ medical direction as ~~if~~ required in A.R.S. Title 36, Chapter 21.1 ~~and R9-25-201;~~
2. For a ~~basic emergency medical technician~~, as prescribed in the:
 - a. ~~Arizona Basic Life Support Curriculum, July 22, 1994, incorporated by reference in R9-25-303(B)(1)(a);~~
 - b. ~~Arizona Basic EMT Refresher Curriculum, July 22, 1994, incorporated by reference in R9-206(I)(6)(c); or~~
 - c. ~~Special Skills Curriculum, July 22, 1994, incorporated by reference in R9-25-303(B)(1)(b);~~
2. As prescribed in the EMT-B, EMT-I, or EMT-P training curriculum required for Arizona certification or NREMT registration;
3. For an ~~intermediate emergency medical technician~~, as prescribed in the:
 - a. ~~Arizona Advanced Life Support Curricula, July 22, 1994, incorporated by reference in R9-25-403(B)(1) and advanced training curricula incorporated by reference in R9-25-206(I)(6);~~
 - b. ~~Arizona EMT-Intermediate Curriculum, September 1, 2001, incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments, and available from the Department’s Bureau of Emergency Medical Services;~~
 - c. ~~Arizona EMT-Intermediate Transition Course, February 15, 2002, incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments, and available from the Department’s Bureau of Emergency Medical Services;~~

Notices of Exempt Rulemaking

- d. ~~Arizona Advanced Life Support Refresher and Challenge Curricula, July 22, 1994, incorporated by reference in R9-25-206(1)(6)(b); or~~
- e. ~~Arizona Advanced Life Support Refresher Course, February 15, 2002, incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments, and available from the Department's Bureau of Emergency Medical Services;~~
- 3. In a manner consistent with R9-25-410; and
- 4. ~~For a paramedic, as prescribed in the:~~
 - a. ~~Arizona Advanced Life Support Curricula, July 22, 1994, incorporated by reference in R9-25-403(B)(1) and advanced training curricula incorporated by reference in R9-25-206(1)(6);~~
 - b. ~~Arizona EMT Paramedic Curriculum, September 1, 2001, incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments, and available from the Department's Bureau of Emergency Medical Services; or~~
 - e. ~~Arizona Advanced Life Support Refresher and Challenge Curricula, July 22, 1994, incorporated by reference in R9-25-206(1)(6)(b); or~~
 - d. ~~Arizona Advanced Life Support Refresher Course, February 15, 2002, incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments, and available from the Department's Bureau of Emergency Medical Services; and~~
- 5.4. According to protocols established in ~~9 A.A.C. 25,~~ this Article 8.

R9-25-804. Protocol for Selection of a Health Care Institution for Emergency Medical Patient Transport

A. In this Section:

- 1. "Emergency receiving facility" has the same meaning as in A.R.S. § 36-2201.
- 2. "Transfer care" means to relinquish to the control of another the ongoing medical treatment of an emergency medical patient.

~~A.B.~~ An emergency medical technician EMT shall, except as provided in subsection ~~(B)~~ (C), transport an emergency medical patient to an emergency receiving facility.

~~B.C.~~ Under A.R.S. §§ 36-2205(E) and 36-2232(F), an emergency medical technician EMT who responds to an emergency medical patient who has accessed 9-1-1 or a similar public dispatch number may refer, advise, or transport the emergency medical patient to the most appropriate health care institution, if the ~~emergency medical technician EMT:~~

- 1. Determines, based upon medical direction, that the emergency medical patient's condition does not pose an immediate threat to life or limb;
- 2. Provides the emergency medical patient with a written list of health care institutions that are available to deliver emergency medical care to the emergency medical patient. The list shall:
 - a. Include the name, address, and telephone number of each health care institution;
 - b. If a health care institution is licensed under A.R.S. Title 36, Chapter 4, identify the classification or subclassification of the health care institution assigned under 9 A.A.C. 10; and
 - c. Only include a health care institution that the administrative medical director has determined is able to accept an emergency medical patient; and
- 3. Determines, based upon medical direction, the health care institution to which the emergency medical patient may be transported, based on the following:
 - a. The patient's:
 - i. Medical condition,
 - ii. Choice of health care institution, and
 - iii. Health care provider; and
 - b. The location of the health care institution and the emergency medical resources available at the health care institution.

~~C.D.~~ Before initiating transport of an emergency medical patient, an emergency medical technician EMT, emergency medical services provider, or ambulance service shall notify, by radio or telephone communication, a health care institution that is not an emergency receiving facility of the emergency medical technician's EMT's intent to transport the emergency medical patient to the health care institution.

~~D.E.~~ An emergency medical technician EMT transporting an emergency medical patient to a health care institution that is not an emergency receiving facility shall transfer care of the emergency medical patient to a designee authorized by:

- 1. A physician licensed under A.R.S. Title 32, Chapter 13 or 17;
- 2. A physician assistant licensed under A.R.S. Title 32, Chapter 25; or
- 3. A registered nurse licensed under A.R.S. Title 32, Chapter 15.

~~E.F.~~ Before implementing this rule, an emergency medical services provider or an ambulance service shall notify the Department in writing of the intent to implement the rule.

~~F.G.~~ An emergency medical services provider or an ambulance service that implements this rule shall make available for Department review and inspection written records relating to the transport of an emergency medical patient under subsections ~~(B)~~, (C), and (D), and (E).

Notices of Exempt Rulemaking

R9-25-805. Protocol for IV Access by ~~EMT-Basics~~ an EMT-B

- A.** ~~In this Section, unless the context otherwise requires, "EMS provider agency" means the emergency medical services provider or the ambulance service for whom the EMT-B is acting as an EMT-B.~~
- ~~A.B.~~** ~~IV access shall be performed only by an EMT-Basic who has received training in this optional procedure meeting the curriculum and course outline requirements as shown in Exhibit 1 and Exhibit 2. An EMT-B is authorized to perform IV access only after completing training that meets all requirements established in Exhibit 1.~~
- ~~B.C.~~** ~~Prior to~~ Before performing IV access, an ~~EMT-Basic~~ EMT-B trained in IV access shall have received prior written approval from the ~~EMT-Basic's~~ EMT-B's EMS provider agency and from an ~~ALS base hospital~~ administrative medical director who agrees to provide medical control authority direction for the ~~EMT-Basic~~ EMT-B.
- ~~C.D.~~** ~~An EMT-Basic~~ EMT-B shall perform IV access only under "online" medical direction, under standing orders approved by the ~~ALS base hospital~~ administrative medical director, or under the direction of a currently certified ~~EMT-paramedic~~ EMT-I or EMT-intermediate EMT-P who is also attending the patient upon whom the ~~EMT-Basic~~ EMT-B is to perform the procedure.
- ~~D.~~** ~~An EMT-Basic shall be trained to use this procedure in a manner which shall not delay patient transportation to the hospital.~~
- E.** The ~~base hospital~~ administrative medical director shall be responsible for quality assurance and skill maintenance, and shall record and maintain a record of the ~~EMT-Basic's~~ EMT-B's IV access attempts ~~on the QA form as shown in Exhibit 3. These forms shall be retained throughout an EMT-Basic's current certification period.~~
- F.** An EMT-Basic EMT-B trained in this optional procedure shall have a minimum of five IV starts per year. If less than five, the ~~EMT-Basic~~ EMT-B shall participate in a supervised base hospital clinical experience in which to obtain the minimum of five IV starts.

Exhibit 1. Lecture/Lab Vascular Access for EMT-Basics

Lecture/Lab

Vascular Access for EMT-Basics

Course Description:

Includes review of anatomy of the circulatory system. Skills will include peripheral intravenous cannulation techniques, fluid resuscitation, obtaining venous blood samples for laboratory analysis; infection control techniques for the safety of self and victim; complications of intravenous cannulation.

Prerequisites:

Certified EMT-Basic, under Medical Direction

~~Credit Hours:~~

~~One (1) credit hour; 16 clock hours~~

Course Competencies:

This course is designed to develop the following course competencies:

1. Identify the need for fluid resuscitation in neonate, infant, pediatric, and adult victims (I);
2. Identify and describe the vascular anatomy and venous access for the neonate, infant, pediatric, and adult victims (II);
3. Identify and differentiate isotonic, hypotonic, and hypertonic solutions (III);
4. Select fluids; set up and manage equipment (IV);
5. Identify and demonstrate aseptic and safety techniques (V);
6. Identify and describe indications and contraindications for intravenous site selection (VI);
7. Perform all peripheral intravenous cannulation techniques (VII);
8. Perform blood drawing techniques (VIII);
9. Monitor infusion (IX);
10. Demonstrate 100% accuracy in intravenous techniques in selected scenarios (X);
11. Demonstrate 85% proficiency on a written examination (XI).

Exhibit 2. Course Outline

Vascular Access for EMT-Basic

COURSE OUTLINE

- I. Indications for Vascular Access
 - A. Restore fluid volume
 - B. Restore and maintain electrolyte balance
 - C. Administration of medications
 - D. Obtaining blood specimen
- II. Identification of common vascular sites

Notices of Exempt Rulemaking

- III. Intravenous Solutions
 - A. Isotonic
 - B. Hypotonic
 - C. Hypertonic
 - D. Indications for each
- IV. Needle/Catheters and Intravenous Administration Sets
 - A. Types
 - B. Sizes
 - C. Administration sets
 - 1- ~~pediatric~~
 - 2- ~~blood pump~~
 - 3- ~~3-way~~
 - 4- ~~pressure infuser~~
 - D. Set-up
- V. Asepsis and Safety
 - A. Site preparation
 - B. Universal precautions
 - C. "Sharp" disposal
- VI. Site selection
- VII. Peripheral Intravenous Cannulation
- VIII. Drawing Blood
 - A. Indication
 - B. Site preparation
 - C. Universal precautions
 - D. ~~Identification of~~ Labeling specimen(s)
 - E. "Sharp" disposal
 - F. Documentation
- ~~XI~~ IX. Monitoring the Intravenous Infusion
 - A. Calculation of rate of infusion
 - ~~A-B.~~ Signs and symptoms of infiltration and extravasation
 - ~~B-C.~~ Techniques for removal
 - ~~C-D.~~ Documentation
- X. Practicals
 - A. Mannequin
 - B. Human subjects
- XI. Final Written Examinations

Exhibit 3. ~~IV QA Form~~ Repealed

~~EMT Basic IV Access QA Form:~~

Incident # _____ Date _____
EMT # _____ Name _____
Patient Age: _____ Sex: M F
BLS on scene time: _____
IV start time: _____ IV on scene _____ IV en route _____
Type of fluid: _____ Volume infused: _____
Medical Control Authorization: On-line base hospital: _____
Standing orders: _____ Paramedic/EMT direction: _____
Ambulance on scene time: _____
ALS on scene time: _____
ALS meds given IV: Yes _____ No _____ Time given: _____
EMT IV attempts: _____ If greater than 2, give reason: _____
Complications: Yes _____ No _____ Describe _____
Patient Outcome: _____

Notices of Exempt Rulemaking

R9-25-806. Testing of Medical Treatments, Procedures, Medications, and Techniques That May Be Administered or Performed By an ~~Emergency Medical Technician~~ EMT

- A. Under A.R.S. § 36-2205, the Department may authorize the testing and evaluation of a medical treatment, procedure, technique, practice, medication, or piece of equipment for possible use by an ~~emergency medical technician~~ EMT or an emergency medical services provider.
- B. Before authorizing any test and evaluation pursuant to subsection (A), the Department director shall approve the test and evaluation according to subsections (C), (D), (E).
- C. The Department director shall consider approval of a test and evaluation conducted pursuant to subsection (A), only if a written request for testing and evaluation:
1. Is submitted to the Department director from:
 - a. The Department,
 - b. A state agency other than the Department,
 - c. A political subdivision of this state,
 - d. An ~~emergency medical technician~~ EMT,
 - e. An emergency medical services provider,
 - f. An ambulance service, or
 - g. A member of the public; and
 2. Includes:
 - a. A cover letter, signed and dated by the individual making the request;
 - b. An identification of the person conducting the test and evaluation;
 - c. An identification of the medical treatment, procedure, technique, practice, medication, or piece of equipment to be tested and evaluated;
 - d. An explanation of the reasons for and the benefits of the test and evaluation;
 - e. The scope of the test and evaluation, including the:
 - i. Projected number of individuals, ~~emergency medical technicians~~ EMTs, emergency medical services providers, or ambulance services involved; and
 - ii. Proposed length of time required to complete the test and evaluation; and
 - f. The methodology to be used to evaluate the test's and evaluation's findings.
- D. The Department director shall approve a test and evaluation if:
1. The test and evaluation does not pose a threat to the public health, safety, or welfare;
 2. The test is necessary to evaluate the safest and most current advances in medical treatments, procedures, techniques, practices, medications, or equipment; and
 3. The medical treatment, procedure, technique, practice, medication, or piece of equipment being tested and evaluated may:
 - a. Reduce or eliminate the use of outdated or obsolete medical treatments, procedures, techniques, practices, medications, or equipment;
 - b. Improve patient care; or
 - c. Benefit the public's health, safety, or welfare.
- E. Within 180 days of receiving a written request for testing and evaluation that contains all of the information in subsection (C), the Department director shall send written notification of approval or denial of the test and evaluation to the individual making the request.
- F. Upon completion of a test and evaluation authorized by the Department director, the person conducting the test and evaluation shall submit a written report to the Department director that includes:
- a. An identification of the test and evaluation;
 - b. A detailed evaluation of the test; and
 - c. A recommendation regarding future use of the medical treatment, procedure, technique, practice, medication, or piece of equipment tested and evaluated.

R9-25-807. Protocol for a ~~Paramedic~~ an EMT-P to Practice Knowledge and Skills in a Hazardous Materials Incident

- A. In this Section:
1. "Hazardous materials" has the same meaning as in A.R.S. § 26-301.
 2. "Hazardous materials incident" has the same meaning as in A.R.S. § 26-301.
 3. "Drug" has the same meaning as in A.R.S. § 32-1901.
- B. A ~~paramedic~~ an EMT-P is authorized to perform a medical treatment or administer a drug when responding to a hazardous materials incident only after meeting the hazardous materials training requirements in subsection (C) or (D).
- C. A ~~paramedic~~ An EMT-P shall complete hazardous materials training that:
1. Includes at least 16 clock hours covering the:
 - a. Principles of managing a hazardous materials incident;

Notices of Exempt Rulemaking

- b. Role of medical direction in the management of a hazardous materials incident;
 - c. Human and material resources necessary for the management of a hazardous materials incident;
 - d. Procedures and equipment necessary for personal protection in a hazardous materials incident;
 - e. Medical monitoring of emergency workers responding to a hazardous materials incident;
 - f. Types of hazardous materials to which an emergency medical patient may be exposed, including the toxicity and the signs and symptoms of each type;
 - g. Routes by which an emergency medical patient may be exposed to a hazardous material;
 - h. Decontamination of an emergency medical patient exposed to a hazardous material;
 - i. Assessment of an emergency medical patient exposed to a hazardous material, including a patient history and a physical examination of the patient;
 - j. Medical management of an emergency medical patient exposed to each type of hazardous material;
 - k. Possible contents of a hazardous materials drug box; and
 - l. Pharmacokinetics of drugs which may be included in a hazardous materials drug box;
2. Requires the ~~paramedic~~ EMT-P to demonstrate competency in the subject matter listed in subsection (C)(1); and
3. Is approved by the ~~paramedic's~~ EMT-P's administrative medical director based upon a determination that the hazardous materials training meets the requirements in subsections (C)(1) and (C)(2).
- D. Every 24 months after meeting the requirements in subsection (C), ~~a paramedic~~ an EMT-P shall complete hazardous materials training that:
- 1. Includes subject matter listed in subsection (C)(1),
 - 2. Requires the ~~paramedic~~ EMT-P to demonstrate competency in the subject matter completed, and
 - 3. Is approved by the ~~paramedic's~~ EMT-P's administrative medical director based upon a determination that the hazardous materials training meets the requirements in subsections (D)(1) and (D)(2).
- E. An administrative medical director of ~~a paramedic~~ an EMT-P who completes hazardous materials training required in subsection (C) or (D) shall:
- 1. Maintain for Department review and inspection written evidence that the ~~paramedic~~ EMT-P has completed hazardous materials training required in subsection (C) or (D), including at least:
 - a. The name of the hazardous materials training,
 - b. The date the hazardous materials training was completed, and
 - c. A signed and dated attestation from the ~~paramedic's~~ administrative medical director that the hazardous materials training is approved; and
 - 2. Ensure that the ~~paramedic~~ EMT-P submits to each emergency medical services provider or ambulance service for whom the ~~paramedic~~ EMT-P is acting as ~~a paramedic~~ an EMT-P, the written evidence specified in subsections (E)(1)(a) and (E)(1)(b).
- F. ~~A paramedic~~ An EMT-P authorized under this Section to perform a medical treatment or administer a drug when responding to a hazardous materials incident may carry and administer drugs, ~~in addition to the drugs in R9-25-803,~~ authorized under medical direction.

R9-25-808. Protocol for an EMT-B to Perform Endotracheal Intubation

- A.** Endotracheal intubation performed by an EMT-B is an advanced procedure that requires medical direction.
- B.** An EMT-B is authorized to perform endotracheal intubation only after completing training that:
- 1. Meets all requirements established in the EMT-B Endotracheal Intubation Training Curriculum, dated January 1, 2004, incorporated by reference and on file with the Department, including no future editions or amendments; and available from the Department's Bureau of Emergency Medical Services; and
 - 2. Is approved by the EMT-B's administrative medical director.
- C.** An EMT-B shall perform endotracheal intubation as:
- 1. Prescribed in the EMT-B Endotracheal Intubation Training Curriculum, and
 - 2. Authorized by the EMT-B's administrative medical director.
- D.** The administrative medical director shall be responsible for quality assurance and skill maintenance, and shall record and maintain a record of the EMT-B's performance of endotracheal intubation.